



## ALABAMA DEPARTMENT OF TRANSPORTATION

Bureau of Computer Services  
1409 Coliseum Boulevard, Montgomery, Alabama 36110  
P.O. Box 303050, Montgomery, Alabama 36130-3050

Telephone: 334-242-6587 FAX: 334-263-5624



Bob Riley  
Governor

Joe McInnes  
Transportation Director

February 19, 2004

Mr. Dykes Rushing  
Office Engineer  
OFFICE

Dear Mr. Rushing:

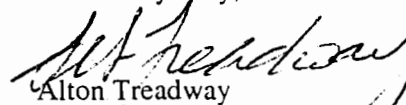
In an effort to cut down on paperwork and to expedite the reporting process for actual Disadvantaged Business Enterprise (DBE) utilization on contracts, we are proposing changing the signature requirements on the OE-110 form to utilize the attached certifications. The changed wording in these attachments to the OE-110 will enable us to not require DBE signatures on each of the DBE-10 forms submitted to document actual DBE utilization on a project.

Also included is a new DBE-10 form that may be utilized by those projects let with the new OE-110 attachments.

The Construction Bureau will be issuing a Construction Information Memorandum to provide details on how to document DBE utilization on those contracts with no Utilization plan and for those DBEs not on the utilization plan.

We would like for this change to take effect with the April 2, 2004 letting if possible.

Yours very truly,

  
Alton Treadway  
DBE Program Administrator

### Attachments

Cc: Mr. Terry McDuffie  
Mr. Chester Thomas

Original ☐Revised ☐

**Alabama Department of Transportation**  
**Minority Business Enterprise Utilization Plan**  
**Disadvantaged Business Enterprise (DBE)**

*This plan must be filed within ten (10) calendar days after notification of apparent low bidder. Plan must indicate the firm will meet the MBE/DBE/WBE goal noted in the firm's bid.*

Project Number &amp; County: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Letting Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Percent DBE Utilization Required: \_\_\_\_\_

| Disadvantaged Firm Name &<br>Certification Number | Type of<br>DBE | Mailing Address | Description of Work<br>(IN DETAIL)<br>Attach additional pages if needed        | Materials or<br>Work Items | Dollar Amount |     |
|---|----------------|-----------------|--|----------------------------|---------------|-----|
|   |                |                 |  |                            | WBE           | DBE |
| Name:<br>DBE/WBE Number:                          |                |                 |  |                            |               |     |
| Name:<br>DBE/WBE Number:                          |                |                 |  |                            |               |     |
| Name:<br>DBE/WBE Number:                          |                |                 |  |                            |               |     |
| Name:<br>DBE/WBE Number:                          |                |                 |  |                            |               |     |
|   |                |                 | <b>Total Dollar Amount to DBE's</b> \$                      _____              |                            |               |     |
|   |                |                 | <b>Required Dollar Amount of DBE Utilization</b> \$                      _____ |                            |               |     |

Approved ALDOT: \_\_\_\_\_

Date: \_\_\_\_\_

Project Number \_\_\_\_\_  
\_\_\_\_\_ County

**Certification of Prime Contractor:**

I do hereby agree to commit this firm to use the certified DBE subcontractor(s) to perform the above described work in this contract. I hereby certify that all DBE subcontractor activities on this contract shall be performed in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

*Print name of Authorized Representative:* \_\_\_\_\_

*Signature of Authorized Representative:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Certification of Non-DBE Subcontractor:**

I hereby certify that my DBE Subcontractor(s) on this contract shall perform all activities in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

*Print name of Authorized Representative:* \_\_\_\_\_

*Signature of Authorized Representative:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Certification of DBE Subcontractor:**

I do hereby agree to participate and perform the work described above. I have been advised of the DBE responsibilities and am available, willing and able to complete the work. I hereby certify that my activities as a DBE Subcontractor on this contract shall be performed in accordance with the Current 49CFR Part 26 Regulations. I certify that my activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of my activities shall be in accordance with the above Regulations.

*Print name of Authorized Representative:* \_\_\_\_\_

*Signature of Authorized Representative:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*DBE Certification Number:* \_\_\_\_\_

Revised April 1, 2004

## ALDOT FORM DBE-10

|                      |                    |  |              |
|----------------------|--------------------|--|--------------|
| 1. Project Number:   |                    | 2. County:                               | 3. Division: |
| 4. Prime Contractor: |                    | 5. DBE:                                  |              |
| 6. Date:             | 7. ALDOT Estimate: | 8. Estimate Period: From _____ To: _____ |              |

| 9. Description of Work: (Pay Item & Description) | 10. Type Firm (C/S) | 11. Units Worked | 12. Unit Price | 13. Amount Performed | 14. Amount Performed to Date |
|--|---------------------|------------------|----------------|----------------------|------------------------------|
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
| 15. Comments:                                    |                     |                  |                | 16. Total            | 17. Total                    |

|                                |            |      |
|--------------------------------|------------|------|
| Signature:                     | Name/Title | Date |
| 18. Authorized Representative: |            |      |



BOB RILEY  
GOVERNOR

ALABAMA  
DEPARTMENT OF TRANSPORTATION  
CONSTRUCTION BUREAU  
1409 COLISEUM BOULEVARD  
MONTGOMERY, ALABAMA 36110  
PHONE (334) 242-6208  
FAX (334) 264-3727

JOE McINNES  
TRANSPORTATION DIRECTOR

February 13, 2004

Construction Information Memorandum No. 1-2004

TO: All Division Engineers

ATTN: Division Construction Engineers, Division DBE Coordinators and Division  
County Transportation Engineers

FROM: Terry McDuffie *Terry McDuffie*  
Construction Engineer

RE: DBE Form-10 (Revised 4-01-04)

Beginning with the April 2, 2004 Letting, the referenced revised DBE Form-10 (copy attached) will be used to report DBE participation on **future** projects. The only required signature will be that of the Prime Contractor's Authorized Representative.

The DBE Utilization Plan (Form OE-110) is also being revised effective with the April 2, 2004 Letting. The revised U-Plan form will include Disadvantaged Business Enterprise Certifications by the Prime, DBE Subcontractors and any non-DBE Subcontractors who subcontract work to DBE Subcontractors.

Should a DBE subcontractor be added to the project after the approval of the Utilization Plan, the appropriate certification form(s) shall be submitted with the first DBE Form-10 on which the added DBE subcontractor appears. The certification would need to be distributed to all parties who received a copy of the U-Plan.

On projects where a U-Plan is not required (projects with no DBE goal), appropriate certifications must be provided if a DBE subcontractor is employed on the project. The certifications would be furnished with the first DBE Form-10 and be distributed as noted above.

On **on-going** projects, the revised DBE Form-10 may be used if the appropriate certifications are furnished by the Contractor. Again, they should be furnished with the first revised DBE Form-10 submitted and be distributed as noted above.

Please note that it is acceptable for the Contractor to provide an attachment to the DBE Form-10 which provides the information required in Blocks 9-17 in lieu of completing those blocks on the form itself.

Please advise should you have any questions concerning this memorandum.

TM/RAJ

pc: Mr. G. M. Harper  
Mr. Alton Treadway  
Ms. Alvena Williams  
Mr. Dykes Rushing  
Mr. Pat Clements  
Mr. Joe Wilkerson, FHWA  
Alabama Roadbuilders Association  
File

Revised April 1, 2004

## ALDOT FORM DBE-10

|                      |                    |  |              |
|----------------------|--------------------|--|--------------|
| 1. Project Number:   |                    | 2. County:                               | 3. Division: |
| 4. Prime Contractor: |                    | 5. DBE:                                  |              |
| 6. Date:             | 7. ALDOT Estimate: | 8. Estimate Period: From _____ To: _____ |              |

| 9. Description of Work: (Pay Item & Description) | 10. Type Firm (C/S) | 11. Units Worked | 12. Unit Price | 13. Amount Performed | 14. Amount Performed to Date |
|--|---------------------|------------------|----------------|----------------------|------------------------------|
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
|  |                     |                  |                |                      |                              |
| 15. Comments:                                    |                     |                  |                | 16. Total            | 17. Total                    |

|                                |            |      |
|--------------------------------|------------|------|
| Signature:                     | Name/Title | Date |
| 18. Authorized Representative: |            |      |

## **Alabama Department of Transportation**

### **ALDOT Form DBE 10 Instructions**

| Block Number | Instruction  |
|--------------|--|
| 1.           | ALDOT Project Number   |
| 2.           | County   |
| 3.           | Division   |
| 4.           | Prime Contractor for the Project   |
| 5.           | DBE for this Report  |
| 6.           | Date of Report   |
| 7.           | ALDOT Estimate Number  |
| 8.           | Work Period for this Estimate  |
| 9            | Description of Work – Must include Pay Item and Description<br>Also denote if Partial or Hauling   |
| 10.          | Type of DBE i.e. Contractor or Supplier (C or S)   |
| 11.          | Units of Work accomplished this period   |
| 12.          | Unit price of work   |
| 13           | Amount Performed for this period (Block 11 times Block 12)   |
| 14.          | Amount Performed to date   |
| 15.          | Comments pertinent to this DBE-10  |
| 16.          | Total of Amounts in Block 13   |
| 17           | Total of Amounts in Block 14   |
| 18.          | Signature of Prime Contractor's Authorized Representative,<br>Printed name & Title and Date signed |